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Bush Makes Medicare Push

Reaches out to undecided as Senate backing appears near

By Elaine S. Povich and Anne Q. Hoy

WASHINGTON BUREAU; Staff writer Ken Fireman contributed to this story.

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Washington - President George W. Bush used his personal persuasive powers on wavering members of Congress - including three from Long Island - on behalf of a Medicare prescription drug bill as the Senate reached a key agreement putting its bill on track for final approval as early as tonight.

After an hour-long meeting with the president, Democratic Rep. Steve Israel of Huntington said he would support the Republican Medicare bill because it includes a provision he championed to increase the government's payments to Medicare HMOs in urban areas like Nassau and Suffolk counties. Those health maintenance organizations have been leaving Long Island in droves, saying they can't cover their costs.

Under pressure from Democratic leaders, Israel looked pained at the prospect of going against his party. But, he said, pragmatism won out.

"I'm not voting against my own idea because it happens to be in a Republican bill," Israel said, adding that establishing a drug benefit for Medicare beneficiaries, even if its smaller than he wanted, is important.

Rep. Tim Bishop (D-Southampton) said he still was struggling over how he would vote while Rep. Peter King (R-Seaford) said he will vote for the bill despite concerns that it favors rural hospitals over urban ones - a case he made to the president.

After the White House meeting, Bush urged both parties to work together to pass the bills and vowed to help get a bill on his desk by summer's end. "We have an historic opportunity to seize the moment and get a good bill done," he said.

On Capitol Hill, much of yesterday's action focused not on final Senate and House action, but instead on jockeying for superior position in the conference committee to square the competing versions of the bills.

House Republicans were putting final touches on their bill, including adding a provision fashioned after one pressed by Sen. Charles Schumer (D-N.Y.) to speed cheaper, generic drugs to market and one to allow drugs to be reimported from Canada. "We're just dotting I's and crossing T's," said John Feehery,

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House Speaker Dennis Hastert's spokesman. "It's all very, very tiny stuff."

In the Senate, Richard Durbin (D-Ill.) raised concerns about the conference. "There is a growing fear within the Democratic side in the Senate that this is going to turn very badly when Bill Thomas puts his loving arms around the conference," he said, referring to the acerbic California Republican who chairs the House Ways and Means Committee.

The Senate agreement calls for evenly splitting \$12 billion still available for the program between Republican-backed incentives to help private health plans attract more seniors and Democratic-favored support for traditional fee-for-service Medicare to provide new preventive care and chronic disease benefits.

The agreement was expected to speed action on the landmark bill that would amount to the largest expansion of Medicare in its 38-year history. The House version tips more toward expanding the role of private health providers in serving the nation's 40 million elderly and 6 million disabled eligible for Medicare.

As has been the case since debate began last week, Democrats largely failed to win any major changes in the bill. A Democratic alternative that would have offered far more generous drug benefits was defeated, as was an amendment by Sen. Hillary Rodham Clinton (D-N.Y.) to provide drug benefit comparisons to help seniors pick the best and least costly drugs.

The Senate adopted a bipartisan amendment to boost the reimbursement rates for rural health centers, but rejected two by Democratic presidential contenders Sens. John Edwards of North Carolina and Bob Graham of Florida. Edwards' amendment would have fortified protections for consumers against false drug advertising and Graham's would have eliminated monthly premiums during a gap in drug coverage. Both bills include such gaps where coverage shuts off until drug costs reach certain levels.

Staff writer Ken Fireman contributed to this story.

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